

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	10-8
O.I.P.E. CLASSIFIER		59	1013
FORMALITY REVIEW	M.M.	71529	10-20-98

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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31	✓
32	✓
33	✓
34	✓
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37	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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59	✓
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100	✓

Claim	Date
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
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110	✓
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136	✓
137	✓
138	✓
139	✓
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141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)